

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000009832

1. Entity Name
CC'S BAGELS AND DELI, INC.



Principal Place of Business
510 N. FRANKLIN STREET
TAMPA, FL 33602

Mailing Address
510 N. FRANKLIN STREET
TAMPA, FL 33602

FILED
Jul 30, 2008 08:00 AM
Secretary of State



07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4175725

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 NORTH HIGHLAND AVENUE
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME DMETROCHKO, ROBERT
STREET ADDRESS 510 N. FRANKLIN ST
CITY-ST-ZIP TAMPA, FL 33602

TITLE V
NAME DMETROSHKO, MARGARET
STREET ADDRESS 510 N. FRANKLIN ST
CITY-ST-ZIP TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000956701
07/30/08-80003-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Dmetrosenko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-08 (813) 514-6739
Date Daytime Phone #